(Gen. Reg. No. 51, Supp. No. 11) (Amended February 20, 1982) J. S. Cost Reimbursable (Department, bureau, or establishment)						PAID BY					
Voucher prepared at(Give place and date)						s	SAPC 5343				
		Payee's Account No905					12 1	COPY OF 3			
IE UNITED STA											
)		(I	Payee)								
			(City)	()	State)						
	(Add	ARTICLES OR SERVICES			ouantity		UNIT PRICE		AMOUNT		
o. and Date of Order	or Service	(Enter description, 1 schedule, and count Terms	other information d	eemed necessary) · · · .	- QUARTITI	Cost	Per	Dollars	Cts.	
									54 , 760	143	
		Cost							,		
YMENT:			:								
Complete 🔲 Partial 🔲			•				ŀ				
Final		Use c	continuation sheet(s)	f necessary Government	· · · ·		<u> </u>	Total	54,760	43	
		Amount verified (Signature or ini				; correct for 54,760 4 tials) JAA					
Contract No. A	101	U Date	Reg	. No.		Date		Invoice Rec	: d.		
Pursuant to agthority vested in me, I certify that this account is correct and proper for payment.							1/23/56				
						Azed Certifying Officer)					
Ву		<u></u>	ORIGINAL	Title -					<u>! </u>		
Title		STATJN	VTL	Date _		mm###		T IN ANY FOR			
110.0		THIS FORM MUST BE EXECUTE							····		
STATINTL	ACCC	DUNTING CLASSIFICAT	ION (Appropriation	s Symbol must b	shown;	other classing	cation opt	IOIIAI)			
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APPROV.	ING OFFIC	ER /									
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							ſ or	Treasurer	of the United S	States	
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Paid by Check	No		, 1	_	e			vor of paye	e named above		

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090103-5